

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF	
1. CONTRACT/PURCH ORDER/AGREEMENT NO.			2. DELIVERY ORDER/CALL NO.			3. DATE OF ORDER/CALL (YYYYMMDD)		4. REQUISITION/PURCH REQUEST NO.		5. PRIORITY	
6. ISSUED BY <div style="text-align: right;">CODE</div>			7. ADMINISTERED BY (If other than 6) <div style="text-align: right;">CODE</div>			8. DELIVERY FOB <div style="text-align: right;">DESTINATION</div> <div style="text-align: right;">OTHER (See Schedule if other)</div>			11. X IF BUSINESS IS <div style="text-align: right;">SMALL</div> <div style="text-align: right;">SMALL DISADVANTAGED</div> <div style="text-align: right;">WOMEN-OWNED</div>		
9. CONTRACTOR <div style="text-align: right;">CODE</div>			10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD)								
12. DISCOUNT TERMS			13. MAIL INVOICES TO THE ADDRESS IN BLOCK								
14. SHIP TO <div style="text-align: right;">CODE</div>			15. PAYMENT WILL BE MADE BY <div style="text-align: right;">CODE</div>			MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.					
16. TYPE OF ORDER <div style="text-align: right;">DELIVERY/CALL</div> <div style="text-align: right;">PURCHASE</div>			This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.								
<div style="display: flex; justify-content: space-between;"> NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED (YYYYMMDD) </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: </div>											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICES				20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE		23. AMOUNT	
<i>*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.</i>					24. UNITED STATES OF AMERICA BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL	
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED _____ DATE SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					27. SHIP. NO. <div style="text-align: right;">PARTIAL</div> <div style="text-align: right;">FINAL</div>		28. D.O. VOUCHER NO.		29. DIFFERENCES		
					31. PAYMENT <div style="text-align: right;">COMPLETE</div> <div style="text-align: right;">PARTIAL</div> <div style="text-align: right;">FINAL</div>		32. PAID BY		30. INITIALS		
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT. _____ DATE SIGNATURE AND TITLE OF CERTIFYING OFFICER					33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER		35. BILL OF LADING NO.		
37. RECEIVED AT											
38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.			